



MEDICAL FAX

FROM: Montgomery Women's Health Associates
(334) 281-1940

TO: (334) 244-3396

SUBJECT: Portia Bronson

DATE: Wed, 04/24/24, 8:33 AM CDT

PAGES: 7 (not including coversheet)

INSTRUCTIONS:

This fax transmission is for the sole use of the intended recipient(s) and contains confidential information. Any unauthorized review, use, disclosure or distribution is strictly prohibited. If you are not the intended recipient, please immediately contact the sender.

Reviewed
4/24/24
Bronson
cent

P.O. Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 344-244-3396



**AUBURN UNIVERSITY
AT MONTGOMERY**

WARHAWK HEALTH SERVICES

Attn: Medical Records

To: Montgomery Women's Health Assoc From: Daedra

Fax: 281-1940

Pages: 2

Phone: 281-1191

Date: 4/23/24

Re: Medical Records Request

☐ Urgent ☐ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

Comments:

Please fax lab results back
to 334-244-3396.

Important: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability Act (HIPPA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

AUM**AUBURN UNIVERSITY
AT MONTGOMERY****STUDENT HEALTH SERVICES**P.O. Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 334-244-3396**AUTHORIZATION TO RELEASE MEDICAL INFORMATION****Patient Information**

Student Number: _____
Name: Portia Branson Date of Birth: 06/16/1983
Address: 447 Lurene Cir. Phone Number: (580) 250-8270
City: Montgomery State: AL Zip: 36109 Email: pbranson011@gmail.com

Please select one of the following:

- ☐ Release Information FROM Auburn University at Montgomery Student Health Services to an AUM department/outside medical facility/person (Circle one)
- ☒ Release information from an AUM department/outside medical facility/person (Circle one) TO Auburn University at Montgomery Student Health Services

Outside Medical Facility/ AUM Department/Person

Name: Montgomery Women's Health Date of Birth: _____
Address: _____ Phone: 281-1191 Fax: 281-1940
City: _____ State: _____ Zip: _____ Email: _____

Please select one of the following:

- ☒ Fax Records ☐ Mail Records ☐ Hold Records for Patient Pickup

Type(s) of Records Requested:

- ☐ Immunizations ONLY: please specify (if all, put ALL) _____
- ☐ Radiology Report
- ☒ Lab Results - All
- ☐ General summary of treatment issues, progress, current functioning
- ☐ Other: please specify _____

This consent may be needed at any time by the patient/client, but ending the consent will not cancel any actions that have already taken as allowed by this form. Unless the client wishes to cancel this consent at an earlier time, it will automatically stop upon the date and/or condition indicated below.

Date: _____ Event/Consent: _____

It is understood that the duration of this consent will not be longer than necessary and reasonable to carry out the purpose for which it is given.

Portia Branson
Patient Name or Authorized Representative (Please Print)

5116
Last 4 of Patient's Social Security #

Portia Branson
Patient's Signature of Authorized Representative

Wanda Mangata
Witness Signature (REQUIRED)

4/23/24
Date

4-23-24
Date



Laboratory Report

Laboratory Director Dr. Tyler S. Jones
CLIA Number: 01D2093765
5570 RANGELINE RD
MOBILE, AL 36619
(251) 662-9760

Clinic Information**Cilent:** Montgomery Women's Health Associates470 Taylor Road, Suite 300
Montgomery, AL 36117**Requesting Physician / Practitioner:**
Brenner, Elisabeth M.D.**Patient Information****Patient Name:** Bronson, Portia**Patient ID:** 44577EMRPS
Date of Birth: 6/16/1983
Male/Female: Female
Patient Phone: 5182508270**Sample Information****Lab Sample ID:** 24041000519**Specimen Type:** (1127.11813278.1)
Blood - Gold Tube
Collected On: 04/09/2024 12:27 PM
Received: 04/10/2024 10:47 AM
Preliminary Release: 04/10/2024 02:08 PM
Reported: 04/10/2024 02:08 PM**Medications Prescribed****General Comment****Order Code(s)**

DHEA, FT4, FTEST, HBA1C, PROG, PROL, TSH

Test	Normal	Abnormal	Reference Range	Units	Previous Result	Date
% Hemoglobin A1C		6.6 H	4.0-5.6	%		
Prediabetic Indicator: 5.7 to 6.4 percent						
Diabetes: >=6.5 percent						
Without clear symptoms of diabetes, a follow-up measurement is recommended for diagnostic confirmation.						

Testosterone, Total + Free + Bioavailable

Testosterone, Total	18.77	13.8-53.4	ng/dL
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Unit of measure has been changed to ng/dL.

Assay performed on Abbott AlinityCI.

Sex Hormone Binding Globulin (SHBG)	30.10	18.2-135.5	nmol/L
Albumin	4.0	3.5-5.7	g/dl
Testosterone, Free (Calculated)	0.3640	0-0.79	ng/dL
Testosterone, Bioavailable (Calculated)	8.000	0.08-10	ng/dL

These calculations and performance characteristics have been validated pursuant to CLIA regulations by Synergy Laboratories for clinical purposes only. They are not cleared or approved by the U.S. Food and Drug Administration.



Laboratory Report

Laboratory Director Dr. Tyler S. Jones
CLIA Number: 01D2083765
5570 RANGELINE RD
MOBILE, AL 36619
(251) 662-9760

Clinic Information	Patient Information	Sample Information
Client: Montgomery Women's Health Associates	Patient Name: Bronson, Portia	Lab Sample ID: 24041000519
470 Taylor Road, Suite 300 Montgomery, AL 36117	Patient ID: 44577EMRPS	(1127.11813278.1)
Requesting Physician / Practitioner: Brenner, Elisabeth M.D.	Date of Birth: 6/16/1983	Specimen Type: Blood - Gold Tube
	Male/Female: Female	Collected On: 04/09/2024 12:27 PM
	Patient Phone: 5182508270	Received: 04/10/2024 10:47 AM
		Preliminary Release: Reported:

Medications Prescribed

General Comment

Order Code(s)

DHEA, FT4, FTEST, HBA1C, PROG, PROL, TSH

Test	Normal	Abnormal	Reference Range	Units	Previous Result	Date
Special Chemistry						
Progesterone	< 0.5		See Comments	ng/mL		
Males						
0-23 months: 0.0-0.7 ng/mL						
2-9 years: <0.35 ng/mL						
10-17 years: adult levels are attained by puberty						
> or =18 years: 0.0-0.2 ng/mL						
Females						
0-23 months: 0.0-1.32 ng/mL						
2-9 years: <0.35 ng/mL						
10-17 years: values increase through puberty and adolescence						
Premenopausal						
Follicular phase: 0.10-0.3 ng/mL						
Luteal phase: 1.20-15.9 ng/mL						
Postmenopausal: <0.15-0.2 ng/mL						
Pregnant Women:						
1st trimester: 2.8 to 147.3 ng/mL						
2nd trimester: 22.5 to 95.3 ng/mL						
3rd trimester: 27.9 to 242.5						
Testing performed on Abbott Alinity ci analyzer, establish new baselines if previously monitoring on different methodology.						
T4, Free	0.90		0.7-1.48	ng/dL		
TSH	1.45		0.35-4.94	uIU/mL		
Prolactin	8.3		3.39-27.82	ng/mL		
DHEA Sulfate	185.50		74.8-410.2	mcg/dL		

PATHOLOGY LABORATORY ASSOCIATES, INC.
SYNERGY LABORATORIES
100 MEMORIAL HOSPITAL DR., SUITE 1D
MOBILE, ALABAMA 36608



Kimberley V. Patterson, M.D.
Tyler S. Jones, M.D.
Carol C Dittmann M.D.
CLIA Number: 01D0641760

Pathologist Office
(251) 460-5288 Fax (251) 460-5225
Business Office
(251) 342-0030 Fax (205) 449-3395

GYN CYTOLOGY REPORT**Accession NO. SCL24-10394****CHART NO: P24041090108**

Patient: **BRONSON, PORTIA**
Physician(s): **ELISABETH BRENNER, MD**
Collected Date: **4/9/2024**

DOB: **6/16/1983**Age: **40**Sex: **F**Received Date: **4/11/2024**Date Reported: **4/15/2024**

Specimen Type: Thin Prep

Source: CERVICAL

LMP: 3/20/2024

Clinical History:

Routine...

Ancillary Tests:

Ancillary Tests Ordered: HPV- HIGH RISK, GT HPV

SPECIMEN ADEQUACY:**Satisfactory for Evaluation.**

Endocervical-transformation zone component present.

Partially obscuring inflammation present.

GENERAL CATEGORIZATION:**NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY.****INTERPRETATION/RESULT:****Normal cervical-vaginal Pap preparation.****Red blood cells.**

Daniel Bush
CT(ASCP) Cytotechnologist
Electronically Signed (4/15/2024)

ANCILLARY/MOLECULAR RESULTS:**High Risk HPV:****RESULTS: Negative: NO HIGH RISK HPV SEROTYPES IDENTIFIED.**

Electronically Signed by Daniel Bush(4/12/2024 9:12:41 AM)

HPV Genotype:**NOT INDICATED**

Electronically Signed by Daniel Bush(4/12/2024 9:13:32 AM)

This specimen has been analyzed by the ThinPrep Imaging System (Hologic, Inc), an automated imaging and review system, which assists the laboratory in evaluating cells on ThinPrep Pap tests. Following automated imaging the slide is reviewed by a cytotechnologist and/or pathologist.

Cervico-vaginal cytology is a screening test. It has an irreducible inherent false negative rate with inter-laboratory variation. The routine Pap smear is not a sensitive screening test for endometrial cancer. Results of this test should be closely correlated with the patient's history and clinical findings. Appropriate follow-up should be performed as clinically indicated.

Patient: BRONSON, PORTIA**Accession NO. SCL24-10394**

High risk HPV detection by Aptima® HPV Assay, an FDA-approved in vitro nucleic acid amplification test for the qualitative detection of E6/E7 viral messenger RNA (mRNA) from 14 high-risk types of HPV. Test performed at Pathology Laboratory Associates, P.A. Mobile, AL.

This specimen has been analyzed by the ThinPrep Imaging System (Hologic, Inc), an automated imaging and review system, which assists the laboratory in evaluating cells on ThinPrep Pap tests. Following automated imaging the slide is reviewed by a cytotechnologist and/or pathologist.

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Cilent: Montgomery Women's Health Associates

470 Taylor Road, Suite 300
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Requesting Physician / Practitioner:
Brenner, Elisabeth M.D.

Patient Information

Patient Name: Bronson, Portia

Patient ID: 44577EMRPS
Date of Birth: 6/16/1983
Male/Female: Female
Patient Phone: 5182508270

Sample Information

Lab Sample ID: P24041090108
(1127.11813278.1)
Specimen Type: Pathology Specimen
Collected On: 04/09/2024 12:27 PM
Received: 04/10/2024 10:47 AM
Preliminary Release: 04/15/2024 01:15 PM
Reported: 04/15/2024 01:15 PM

Medications Prescribed

General Comment

Order Code(s)

PAPHPV2

Test	Normal	Abnormal	Reference Range	Units	Previous Result	Date
Pap + HPV (Genotype 16,18/45 if Present)	See Interpretive Result Comment		-			

Full Information available in PDF attachments.